ANIMAL BITE REPORT / RABIES CONTROL INVESTIGATION 7.5.17

	Date Reported:	Initial report recei	ved by:		1a. HD Case Number:		1b. AC Case Number:			
Eloxida										
Florida HEALTH	2. Name (Last, First):					3. Sex:	4. Age:			
HFAITH 2. Name (East, 1 not).						□ Male	T. Age.			
Bay County					☐ Female	DOB:				
, , , , , , , , , , , , , , , , , , , ,	5. Telephone:			Alternative Phone:						
6. Address (No. & Street):			City			State	Zip			
7. Name of Parent/Guardian (if victim is minor): 8. Address (i			different than above):			. Source of Information (person/office):				
·				Phone:					,	
40.51										
10. Place of Incident (street or yard @ address): 12. D				escribe circumstances of incident:						
11. Incident Date and Time:										
13. Owner Name (last, first):					Owner Teleph	one:				
14. Address (No. and Street):				ity:		State:	Zip	D:		
`	,									
15. Type of Animal: Owned 16. Owner Email Address:										
□ Dog □ Cat	☐ Other:		∃ Stray ∃ Wild							
17. Animal's Name: Predominant Breed:							Sex: [□ Male		
							•	1	Female	
18. Behavior: ☐ Normal ☐ Abnormal ☐ Unknown				Prior Rite	e History: 🗆 Y	es 🗆 No		L	☐ Altered	
20. Vaccination Status: Veterinarian:							ag No:		☐ 1 Year	
□ Vaccinated □ Unknown						J		☐ 3 Year		
☐ Unvaccinated									☐ 4 Year	
21. Animal Location:					n (date):		Го (date):			
☐ unable to locate animal ☐ animal confined/quarantined					ii (dato).	'	o (dato).			
22. Quarantine Location (address): If quarantined at home, has a Home Quarantine Agreement been signed?										
22. Quarantine Location	ir quara	f quarantined at home, has a Home Quarantine Agreement been signed? ☐ Yes ☐ No								
OO If the enimal died a	avec of death?	- District		.41 :			\			
23. If the animal died, cause of death? ☐ Illness ☐ Injury 24. Quarantine Released:				☐ Euthanasia Date: Released by:						
☐ Animal is alive and looks/acts normal on:@				per						
05.1/		date	time							
25. Veterinarian: ☐ did see animal ☐ did not see animal ☐ 27. Remarks:					26. Head examination is: ☐ Requested ☐ Not warranted					
Zr. Homano.										
28. ☐ Head sent to lab 29. Lab Results (circ				le one): POSITIVE NEGATIVE UNSATISFACTORY						
Date:	By:	Lab contact		F031	IIIVE IN	LGATIVE	UNSA	MOLACIONI		
reporting results:				Date: Results received by: Date Notified: By:						
30. Victim notified:	☐ in person ☐ by	phone □ by m	iali Date	NOTIFIE	J.	By:				
31. ☐ Case Closed			32. I	Person (Completing Form	:	Ph	one:		
Date:	By:									

REPORT ALL ANIMAL BITES AND SCRATCHES TO FDOH-BAY COUNTY IMMEDIATELY BY PHONE 24/7/365 AT: 850-872-4720.

Follow the menu for disease reporting/animal bites. On nights, weekends, and holidays, you will be connected to an answering service who will get you the on-call Epidemiology Department member. ! Report by phone. Then fax the report to 850-747-5475. Do not rely on a fax alone for reporting!